Patient Group Direction
for Registered Pharmacists working in NHS Fife Community pharmacies to supply
Fusidic Acid Cream 2%
To treat minor staphylococcal skin infections (Impetigo) in patients aged 2 years of age or over

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*** If this PGD is past its review date then the content will remain valid until such time as the PGD review is complete and the new issue published**

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THIS PATIENT GROUP DIRECTION HAS BEEN APPROVED BY:
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1. Clinical condition to which the patient group direction applies

Indication	Minor staphylococcal infection of skin (impetigo)
Inclusion criteria	• Minor staphylococcal infection of skin (impetigo). • Patient aged 2 years of age or over. • Skin infection limited to one area of the body (e.g. one only of face, trunk, arms or legs). • 25% or less of the affected area involved. • The rash consists of vesicles that weep and then dry to form yellow-brown crusts. • Must obtain parental/guardian consent for treating a child under 16 years of age. • Patient must be present at consultation. • Valid consent to treatment in accordance with NHS Fife Consent Policy
Exclusion criteria	• Features of more severe infection (indications for systemic therapy) -More extensive involvement (> 25% of the infected area) -Fever -Altered mental state -Diarrhoea or vomiting -Swollen glands -Redness extending more than 2cm from lesions (suggestive of cellulitis) -Bullous impetigo – presence of blisters 1cm or more in size, more often on the trunk than the face. • Multiple skin site infection. • Painful rash (this is more likely to be eczema herpeticum rather than impetigo). • Impetigo in the last 3 months OR 2 or more prescriptions for Fusidic Acid in the last 12 months (implies infection unresponsive to treatment which may suggest presence of a resistant isolate). • Prescription in the last 12 months for a topical antibacterial agent other than Fusidic Acid (e.g. Bactroban) as this implies the presence of a resistant isolate. • Children under 2 years of age. • Known hypersensitivity to any component of the medicine. • Presenting with any underlying skin conditions on the same area of the body as impetigo • Concerns regarding patient compliance with topical medication. • Non consent
Cautions (including action to be taken if caution applies)	• Avoid contact of cream with the eyes • Bacterial resistance among staphylococcus aureus has been reported to occur with the use of topical fusidic acid. Extended or recurrent use may increase the risk of developing antibiotic resistance. • It is the responsibility of the designated authorised staff using this PGD to ensure that treatment with the drug detailed is appropriate. If there is any doubt then advice should be sought and recorded before the drug is administered

	• No effects on the breast-fed new-born/infant are anticipated since the systemic exposure of topically-applied fusidic acid/sodium fusidate to the breast-feeding woman is negligible. Topical fusidic acid can be used during breast-feeding but it is recommended to avoid applying topical fusidic acid on the breast.
Action if excluded	• Do not use the PGD • Refer patient for further medical advice (General Practitioner or NHS Fife Primary Care Emergency Service (PCES)) • The reason for referral must be documented in pharmacy patient medical record (PMR) or patient care record (PCR) and retain a copy of referral letter (appendix 2) • Inform GP of decision to exclude and action taken (referral made), the patient medical record can be updated accordingly.
Action if patient declines treatment	• Patient should be advised of self management options and advised to see their GP if symptoms fail to resolve within 3 days or symptoms worsen • Where patient needs cannot be met in the pharmacy, refer to GP, NHS Fife Primary Care Emergency Service (PCES), Accident and Emergency or Sexual Health Clinic as appropriate. • The reason for refusal must be documented • Ensure patient is aware of implications of declining treatment

2. Medication details

Name strength & formulation of drug	• Fusidic Acid Cream 2%
Route of administration	• Topical application
Dosage	• Apply to lesions three or four times a day for seven days
Frequency of administration	• Apply to lesions three or four times a day for a maximum of seven days. Maximum of one supply within 3 months
Duration of treatment	• Maximum treatment of 7 days
Quantity to be supplied	• 1 x 15g tube
Drug interactions and action to be taken	• Interactions are minimal, systemic absorption of topical Fusidic acid is negligible. See BNF for latest information.
Patient advice verbal and written	• Wash hands before and after applying cream • Where possible remove scabs by bathing in warm water before applying the cream • Impetigo is very infectious, to prevent it spreading ensure patients use own flannels and towels and these should be washed in a hot wash after use. • Do not scratch or pick spots • Suggest applying cream three times a day on school days and four times daily at other times. • Inform school of the condition • Do not share the cream with anyone else • Advise to contact nurse/GP if condition worsens or symptoms persist • Manufacturers Patient Information Leaflet should be offered.

	• The Patient information leaflet (Appendix 3 of PGD; Impetigo – Patient Information for treatment and self care advice) should be supplied
Legal category	• POM
Black triangle drug	• No
Use out with SPC	• No
Storage requirements	• Store below 25 C in a cool dry place • Ensure cream is within expiry date
Identification and management of adverse reactions	Side effects are rare, occurring in less than 1% of patients. The most frequently reported adverse reactions during treatment are: various skin reactions such as pruritus and rash, followed by application site conditions such as pain and irritation. Hypersensitivity and angioedema have also been reported. • Advise to contact nurse/GP if side effects occur. • For a full list of side effects-refer to the marketing authorisation holder's Summary of Product Characteristics (SPC). A copy of the SPC must be available to the health professional administering medication under this Patient Group Direction. This can be accessed on https://www.medicines.org.uk/emc/medicine/2374 • If a serious adverse reaction is suspected please report to the Commission on Human Medicines (CHM) via the Yellow Card Scheme http://yellowcard.mhra.gov.uk/ • Any adverse events/incidents should also be reported to the patient's GP.
Additional facilities/ supplies required	• Access to a BNF

3. Staff characteristics

Define Practitioner Group	• Pharmacists working in community pharmacy within NHS Fife
Professional qualifications	• Registered pharmacist with current General Pharmaceutical Council (GPhC) registration
Specialist competencies or qualifications	• Registered pharmacist is competent to undertake supply and administration of medicines under Patient group directions • Has successfully completed NES Pharmacy e-learning module on "Pharmacy First" • Able to assess the patient's/guardian's capacity to understand the nature and purpose of the medication in order to give or refuse consent.
Continued training requirements	• Maintain own professional level of competence and knowledge in this area • Undertake appropriate training as deemed necessary by NHS Fife.

4. Referral arrangements/Audit trail

Arrangements for referral to medical advice	• The patient may be referred at any stage if this is necessary in the professional opinion of the pharmacist (Appendix 2) • If the skin infection spreads or there is no improvement after 5 days, seek medical advice from GP.
Records/Audit trail	• Complete a proforma (Appendix 1) for every patient. This should include; - Name and address of patient/parent/guardian/person with parental responsibility - Date of birth - GP details - Symptoms reported - Exclusion criteria, record why drug not supplied - Details of supply given (1 x 15g tube) including reason for giving - Consent to supply (if not obtained elsewhere) - Signature and name in capital letters of practitioner who supplied the drug - Date of supply to patient • The patient's General Practitioner should be advised of the supply of Fusidic acid cream 2% on the same, or next available working day (Appendix 2). • These records should be retained: - For people aged 2 years of age and up to 16 years, retain until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment. - For 17 years and over retain for 6 years after the date of supply. • 3 years after death, or in accordance with local policy, where this is greater than above.
References/ Resources & comments	• NES Pharmacy e-learning module on "Pharmacy First" https://learn.nes.nhs.scot/ • British national Formulary (BNF) Latest edition available at https://www.medicinescomplete.com/mc/ • Fife Formulary Chapter 5 Infections (Primary Care Antibiotic Guidelines) http://www.fifeadtc.scot.nhs.uk/formulary/5-infections • Summary of Product Characteristics Fusidic Cream 2% available at; http://www.medicines.org.uk/emc/
This Patient Group Direction has been assessed for Equality and Diversity Impact	

5. Management and monitoring of Patient Group Direction

Pharmacist Agreement (Authorisation Form)

Supply of Fusidic Acid Cream 2% by Community Pharmacists

I _____, confirm that I have read and understood the above Patient Group Direction. I confirm that I have the necessary professional registration, competence, and knowledge to apply the Patient Group Direction. **I confirm that I have successfully completed the NES e learning module on Pharmacy First.** I will ensure my competence is updated as necessary. I will have ready access to a copy of the Patient Group Direction in the clinical setting in which the supply of the medicine will take place and agree to provide this medicine only in accordance with this PGD.

I understand that it is the responsibility of the pharmacist to act in accordance with the Code of Ethics for Pharmacists and to keep an up to date record of training and competency.

Name of Pharmacist _____

GPharm Council Registration No. _____

Normal Pharmacy Location _____

Signature _____

Date _____

Note:

A copy of this agreement must be signed by each pharmacy practitioner who wishes to be authorised to use the PGD for the supply of Fusidic Acid Cream 2%.

Please fax a copy of this page to Pharmacy services on 01383 741395 or

Email: *loualexander@nhs.net*
Post: Pharmacy Services, Pentland Block, Lynebank Hospital, Dunfermline KY11 4UW

Each authorised pharmacy practitioner should be provided with an individual copy of the authorised PGD.

Treatment of Impetigo
Patient Assessment Proforma

(to be completed by the pharmacist & retained in pharmacy)

Appendix 1

PATIENT NAME: DATE OF BIRTH: **CHI** NUMBER: DATE OF CONSULTATION: PATIENTS GP PRACTICE:	ADDRESS:

	Yes	**No**	**Notes**
Is patient aged 2 years or older?			If No, refer
Skin infection limited to one area of the body (e.g. one only of face, trunk, arms or legs)			If No, refer
25% or less of the affected area involved.			If No, refer
Does the rash consist of vesicles which weep and form yellow / brown crusts?			If No, consider other diagnosis and refer if appropriate
Are there other skin conditions in the same area?			If Yes, refer
Has the patient been treated for impetigo within the last 3 months OR 2 or more prescriptions for Fusidic Acid in the last 12 months?			If Yes, refer
Prescription in the last 12 months for a topical antibacterial agent other than Fusidic Acid (e.g. Bactroban) as this implies the presence of a resistant isolate.			If Yes, refer
Bullous impetigo – presence of blisters 1cm or more in size, more often on the trunk than the face.			If Yes, refer
Painful rash			If Yes, refer
Does the patient appear systemically unwell? e.g. fever, altered mental state, diarrhoea or vomiting, swollen glands, redness extending more than 2cm from lesions			If Yes, refer
Known hypersensitivity to any component of medicine			If Yes, either refer or consider Crystacide cream as alternative
Any other exclusion criteria-See PGD			If Yes, refer

Advice Checklist

Advice on potential transmission and hygienic measures	
Advice on method and frequency of application including need to avoid eye contact	
Advice on seeking medical advice if uncontrolled or if symptoms are worsening	

Treatment

A supply should only be made if you are certain that to the best of your knowledge it is appropriate.

Fusidic acid cream 2%		Advice Only		Refer		Give Details:

The action specified was based on the information given to me by the patient, which to the best of my knowledge is correct.	**Pharmacist Signature:**

For use in assisting assessment of patients presenting with symptoms suggestive of impetigo. May not be exhaustive and should not override pharmacist's clinical judgement.

Appendix 2

NHS Fife Treatment of Minor Staphylococcal Skin Infections (Impetigo) with the supply of Fusidic Acid Cream 2% Client Assessment Form and Notification of Supply through Community Pharmacy

Date: DD/ MM/ YYYY Time

CONFIDENTIAL WHEN COMPLETED:
Data protection confidentiality note: This message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

GP name:

GP practice address:

The following patient has attended this pharmacy for assessment and treatment of an Minor Staphylococcal Skin Infection (Impetigo)

Patient name:

Date of Birth: DD/ MM/ YYYY

CHI: (If available)

Patient address:

Postcode:

Pharmacy stamp

Print Name:

Signed:

Date:

Following assessment (Tick as Appropriate):
Your patient has been given a 7 day course of Fusidic Acid Cream 2% three or four times daily(1 x 15g) ☐

Self care advice only ☐

Patient is unsuitable for treatment via PGD for the following reason and has been referred ☐

……
……
Your patient has been advised to contact the practice if symptoms fail to resolve following treatment.
You may wish to include this information in your patient records.

Patient consent: I can confirm that the information provided is a true reflection of my individual circumstances and I give my consent to allow an NHS Fife Pharmacist to provide the most appropriate advice and/or treatment for me. I also give my permission to allow the pharmacist to pass, to my own GP, details of this consultation and any advice given or treatment provided. I have been advised that some of the information may be used to assess the uptake of the service but that this will be totally anonymous and not be attributable to any individual patient.

Patient Signature: Date: DD/ MM/ YYYY

This form should now be sent to the patient's GP and a copy retained in the pharmacy

Appendix 3

Impetigo – Patient Information for treatment and self care advice

During treatment, it is important to take precautions to minimise the risk of impetigo spreading to other people or to other areas of the body.

Most people are no longer contagious after 48 hours of treatment or once their sores have dried and healed. It is important to stay away from work, school, nursery or playgroup until this point.

The advice below can also help to prevent the spread of the infection:

- Wash hands before and after applying cream
- Where possible remove the crusts by bathing in warm water before applying the cream
- Do not share flannels, sheets or towels with anyone who has impetigo – wash them at a high temperature after use
- Avoid touching or scratching the sores, or letting others touch them – it may help to ensure your nails are kept clean and short
- Avoid contact with newborn babies, preparing food, playing contact sports, or going to the gym – until the risk of infection has passed
- Wash your hands frequently – particularly after touching infected skin
- Washable toys should also be washed – wipe non-washable soft toys thoroughly with a cloth that has been wrung out in detergent and warm water and allowed to dry completely
- To reduce the risk of impetigo returning, make sure any cuts, scratches or bites are kept clean.
- In very rare cases, impetigo may lead to some scarring particularly if you scratch at the blisters, crusts or sores.